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Bib Data Sheet

CONFIRMATION NO. 7075

SERIAL NUMBER 10/645,191	FILING DATE 08/21/2003 RULE	CLASS 002	GROUP ART UNIT 3765	ATTORNEY DOCKET NO. F0207
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APPLICANTS

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** CONTINUING DATA *****

- None - JP

** FOREIGN APPLICATIONS *****

- None - JP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 11/14/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	NJ	10	33	5

ADDRESS

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TITLE

Human limb/joint protective pad and method of making

FILING FEE RECEIVED 576	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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